

| CLAIMS ONLY | | | | | | | Application Number 10815387 | | Filing Date |
|---|----------|--------|-----------------------|--------|------------------------|--------|---------------------------------------|--------|-------------|
| Applicant(s) | | | | | | | | | |
| * May be used for additional claims or amendments | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | |
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10815397

Filing Date

Applicant(s)

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| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| Total Indep | | | | | | |
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| Total Claims | | | | | | |

| CLAIMS ONLY | | | | | | | | Application Number <div style="font-size: 1.2em; font-weight: bold;">10815387</div> | | Filing Date | | |
|---|----------|--------|-----------------------|--------|------------------------|--------|-------|--|-------|-------------|-------|--------|
| | | | | | | | | Applicant(s) | | | | |
| * May be used for additional claims or amendments | | | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | | |
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| Total Indep | 13 | | | | | | | | | | | |
| Total Depend | 89 | | | | | | | | | | | |
| Total Claims | 102 | | | | | | | | | | | |
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Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| Total Indep | 13 | | | | | |
| Total Depend | 89 | | | | | |
| Total Claims | 102 | | | | | |

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